

The Seal of the State of New Hampshire is a circular emblem. It features a ship, the USS Raleigh, sailing on the sea. The ship is surrounded by a laurel wreath. The words "SEAL OF THE STATE OF NEW HAMPSHIRE" are inscribed around the top, and "1776" is at the bottom.

ATTENTION: This form is a document used to facilitate the submission of information required under Env-Or 400. Nothing in this form is required to be submitted to the Department unless such a requirement is expressly stated in the rules. If there is any inconsistency between this document and the adopted rules, only those requirements specified in the rules are applicable and enforceable. Use of this form to submit information required under the rules is OPTIONAL.

Facility Information	
NHDES Site # 199012028	Facility ID # 0111679
Facility Name: Mobil	
Physical Address of Facility: 221 Central Ave. Town/City: Dover	
Owner Information	
Name: Ruhi LLC	
Mailing Address: 221 Central Ave, Dover, NH	
Daytime Phone: Tejaskumar Patel (978) 627-1708	Email (Optional):

RESULTS SHALL BE SUBMITTED BY THE OWNER TO NHDES NO LATER THAN 30 DAYS AFTER THE DATE OF THE TEST.

Where required by rules, the tightness testing method shall have been evaluated by an independent testing laboratory and demonstrated to meet the leak rate detection criteria. The tightness test shall be capable of detecting a system leak rate of 0.10 gallons per hour with a probability of detection of 95% and a probability of false alarm of 5%. The test report and any other documents describing the type of test, contractor, date, materials, all technician testing data, and any other information pertinent to the tightness testing performed shall be kept by the owner for the life of the system.

A leak or failure shall be indicated by a test result of 0.10 gallons per hour or greater or an inconclusive test result. The person conducting the tightness test shall notify NHDES and facility owner and operator immediately of a system tightness test failure. An investigation shall be conducted within 7 days of the initial test failure to determine the cause of the failure which shall include a second confirming tightness test. The owner shall submit a written report to NHDES within 30 days of the failure that describes the work performed, the repairs made, and any other actions taken in response to the test failure.

System Information: UST ☒ AST ☐

TANK # For split tanks use #(a), #(b)	8	9		
COMPONENT BEING TESTED: Tank=T Piping=P Full System=FS	P	P		
SYSTEM INSTALLED DATE:	1991	1991		
SUBSTANCE STORED:	Unleaded	Super		
TANK / PIPING MATERIAL: Fiberglass, steel, etc.	Total Containment	Total Containment		
SYSTEM CAPACITY: Gallons	8,000	6,000		

For sites with multiple tanks or conflicting registered tank ID numbers: *Please provide a drawing of the facility or other information so that the tanks or piping in question can be properly located or identified.*

TEST INFORMATION:**DATE OF TEST:** 4/30/24

Witnessed by Rob Stockman

METHOD USED: (Estabrook, EZY 3 Locator, etc.)	Air	Air		
TEMP MEASURING EQUIPMENT & METHOD:	Psi Gauge	Psi Gauge		
START TIME:	10:00am	10:05am		
START PRESSURE: (including units)	3psi	3psi		
END TIME:	11:00am	11:05am		
END PRESSURE: (including units)	1.5psi	0psi		
RE-LEVELING PROCEDURE USED:	N/A	N/A		
GROUNDWATER LEVEL and/or WATER SENSOR USED:	N/A	N/A		
LENGTH OF ANY WAITING PERIODS AFTER PRODUCT DELIVERY, TOPPING, or VAPOR SPACE DISTURBANCES:	N/A	N/A		
VAPOR POCKET MEASUREMENT and ELIMINATION PROCEDURE USED:	N/A	N/A		
PIPING, FITTINGS, or CONNECTIONS THAT WERE TIGHTENED or REPAIRED: (please describe)	None	None		
TEST RESULTS: PASS/FAIL	<input type="checkbox"/> Pass	<input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input checked="" type="checkbox"/> Fail
	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

Verification – I hereby certify the validity, method and accuracy of the test, which the test complies with the requirements of Env-Or 406 and/or Env-Or 306 as applicable, and that I am qualified to perform this test.

Testing Equipment Manufacturer: Milwaukee

Last Calibration or Maintenance Date of Equipment: 2/5/24

Testing Company Name: MB Maintenance Inc. Testing Company Phone # (603)487-2808

Testing Company Address: 218 River Rd New Boston, NH

Technician Name (Print): Mario Bolduc Jr. Technician Signature: *Mario Bolduc Jr.*

Certification # 9577783 Expiration Date: 10/05/24

A COPY OF THE TECHNICIAN'S TESTING RECORDS SHOULD BE INCLUDED WHEN SUBMITTING THIS FORM.

NHDES email: orcb.wmd@des.nh.gov

Telephone: (603) 271-3899 Fax: (603) 271-2181 TDD Access: Relay NH (800) 735-2964

P O BOX 95, Concord, NH 03302-0095